

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 270

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Knute for Congress**Full Name (Last, First, Middle Initial)  
**WINRED****A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

612303.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	0

Transaction ID : SA11C.61085919

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.** Full Name (Last, First, Middle Initial)  
**MENDELSON, LAWRENCE, , ,**  
Mailing Address 9400 SW BEAVERTON-HILLSDALE HWYCity  
BEAVERTONState  
ORZip Code  
97005-3315FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

ASPEN ML

INVESTMENTS

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	0

Transaction ID : SA11A.61090

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

612303.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	0

Transaction ID : SA11C.61085922

Amount of Each Receipt this Period

250.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

**TOTAL** This Period (last page this line number only)..... ▶